

EXHIBIT B

DECEDENT'S DEATH CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 CERTIFICATE OF DEATH Certificate No. 156-10-023455

NEW YORK CITY
 DEPARTMENT OF HEALTH
 AND MENTAL HYGIENE
 JUNE 15, 2010 11:09 AM

1. DECEDENT'S LEGAL NAME **RONALD BROPHY**
 (First, Middle, Last)

2a. New York City Place of Death 2b. Borough Brooklyn	2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	2d. Nursing Home/Long Term Care Facility 4 <input type="checkbox"/> Hospice care in last 30 days 5 <input checked="" type="checkbox"/> Yes 6 <input type="checkbox"/> No 7 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address)
Date and Time of Death 3a. (Month) June 13 2010 3b. Time (Year-mmm-yy) 10:45 AM	4. Sex Male	5. Date last attended by a Physician mm dd yy 06 11 2010	Metropolitan Jewish Health System

6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.

Name of Physician **Bernard Lee MD** Signature *Bernard Lee* License No. 224025 Date JUN-14-2010

Address 6323 7th Avenue, Brooklyn, New York 11220

7a. Usual Residence State New York	7b. County Kings	7c. City or Town Brooklyn	7d. Street and Number 260 65th Street	7e. ZIP Code 11220	7f. Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8. Date of Birth (Month) December 20 1931 (Day) 78 (Year-yyy) 9. Age at last birthday (Years)	10. Social Security No. 111-26-4906				
11a. Usual Occupation (Type of work done during most of working life) Sales Clerk	11b. Kind of business or industry Sales				
13. Birthplace (City & State or Foreign Country) Brooklyn, New York	14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 2 <input type="checkbox"/> 9th - 12th grade; no diploma 3 <input type="checkbox"/> Associate's degree (e.g., AA, AS) 4 <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) 5 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEng, MEd, MSW, MBA) 6 <input type="checkbox"/> Doctoral degree (e.g., PhD, EdD or Professional degree (e.g., MD, DDS, DVM, LL.M., JD)				
15. Ever in U.S. Armed Forces 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	16. Marital Partners (Status at time of death) 1 <input checked="" type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify				
18. Father's Name (First, Middle, Last) Stephen Brophy	19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Alice Miller				
20a. Informant's Name Waltraud Brophy	20b. Relationship to Decedent Spouse	20c. Address (Street and Number) 260 65th Street, Brooklyn, New York 11220	20d. City & State New York	20e. ZIP Code 11220	

21a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> Other, Specify	21b. Place of Disposition (Name of cemetery or repository or other place) Rosenhill Crematory	21c. Location of Disposition (City & State or Foreign Country) Linden, New Jersey	21d. Date of Disposition mm dd yy 06 15 2010
22a. Funeral Establishment Crestwood Memorial Chapel, Inc.	22b. Address (Street and Number) 199 Bleecker Street, New York, New York 10012	22c. City & State New York	22d. ZIP Code 10012

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth or the statements made thereon as to the facts has been provided by law.

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DATE ISSUED: June 15, 2010 Order No. 20100608929

Steven P. Schwartz
 Steven P. Schwartz, Ph.D., City Registrar



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